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FEMALE URETHRAL CANCER: REPORT OF 2 CASES

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Primary carcinoma of the female urethra is uncommon. In a review of the literature in 1980 Yamazaki and colleagues found 234 cases¹⁾. Herein we describe such 2 cases.

CASE REPORT

Case 1, A 74-year-old house wife was hospitalized because of pain of the external urethral meatus of one year duration on June 18, 1975. Personal and family history was non-contributory. Physical examination revealed a normally developed woman except the azuki-sized tumor at the external urethral meatus which was suggestive of urethral caruncle (Fig. 1). Laboratory data were within normal limits except CRP. Urinalysis was negative and urine culture yielded no growth. An excretory urogram

was normal. Histology report of obtained material electroresected under the diagnosis of urethral caruncle on June 25, showed infiltrating adenocarcinoma of the urethra (Fig. 2). So TUEC of all over the urethra was successively done. Two years and ten months after the first visit to our hospital the patient died of unknown cause at Nagoya.

Case 2, A 63-year-old house wife complained of genital bleeding which disappeared spontaneously within 1 week. The patient visited a gynecologist and was found to have a mass at the external urethral

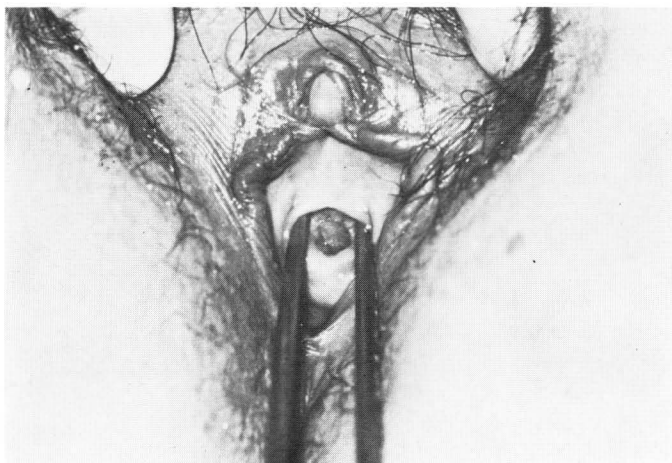


Fig. 1. Gross appearance of the external meatus on case 1.

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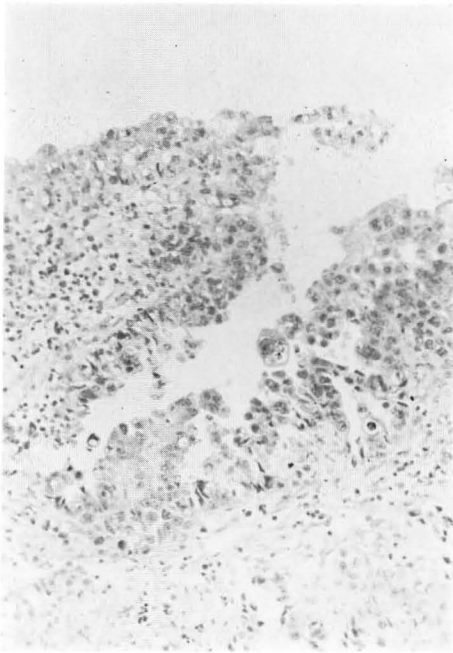


Fig. 2. Appearance of adenocarcinoma, H & E, reduced $\times 100$.

meatus. Smear test of a surface of the tumor showed class IIIb, so the patient was referred and admitted to our department on May 23, 1980. At the age of 43 years the patient had a simple hysterectomy for myoma of the uterus. Physical examination revealed a bloody tumor 1 cm in diameter at the external urethral meatus (Fig.3). Superficial lymph nodes were not enlarged. Laboratory data were unremarkable except

ESR, but urinalysis revealed the following: proteinuria of 27 mg/dl; leukocyte of 50–60/field and red cell of 20–30/field; the urine culture was negative. An excretory urogram was normal. On June 11 a total urethrectomy was done and cystostomy was constructed. Microscopic sections from the urethral tumor revealed squamous cell carcinoma probably arising from the urethra (Fig.4). Postoperatively, the patient received a course of radiation therapy in a total dose of 4000 rads directed to the bilateral inguinal regions and the lower abdomen, respectively. In the postoperative followup at the out-patient clinic, the patient has been clinically well, with normal weight gain and control of urine.

DISCUSSION

Female urethral carcinoma is rare and furthermore its results are poor. The most recent review of the literature by Yamazaki and colleagues¹⁾ revealed a total of only 234 recorded cases in Japan. Chu²⁾ had a 5 year survival rate of 31.8 percent (7 of 22 patients) and Desai and associates³⁾ had a rate of 31 per cent (5 of 16 patients). Therefore, no single institution has accumulated an adequate number of cases to base logical conclusions regarding proper therapy.

Four general types of treatment have been usually used for malignant urethral tumors: radical excision of the urethra including a

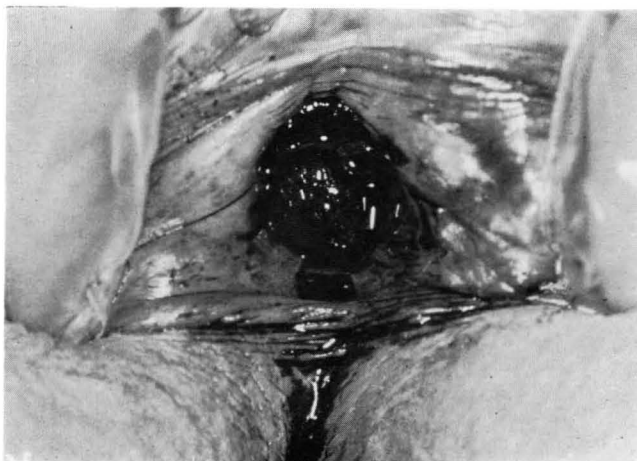


Fig. 3. Gross appearance of the external urethral meatus on case 2.

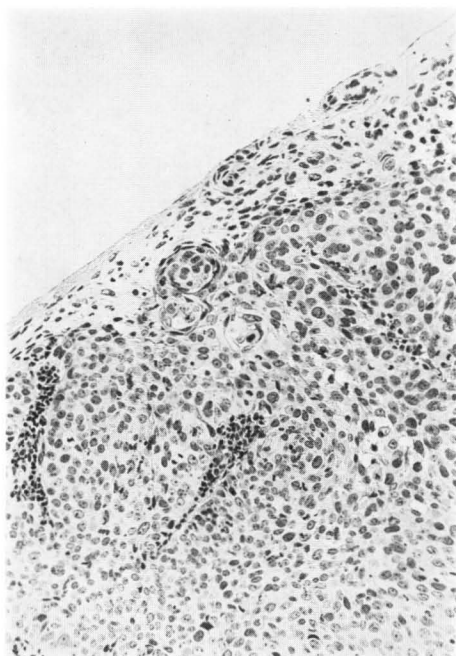


Fig. 4. Appearance of squamous cell carcinoma, H & E, reduced from $\times 100$.

portion of the vesical neck; less radical excision leaving the vesical neck and sphincters intact: knife or electrosurgical excision followed by irradiation, and irradiation alone⁴⁾. Recently Prempre and associates⁵⁾ observed an excellent results using interstitial radium therapy alone. The usefulness of bleomycin for squamous cell carcinoma has been also emphasized⁶⁾.

As current policy of the treatment Takeda

and Kawai⁷⁾ summarized as follows. For the management of T₁, either local excision or radiation therapy by interstitial irradiation using radium 226 and/or external irradiation is chosen, in case of T₂ partial urethrectomy combined with irradiation is performed and in case of T₃ or T₄ radical surgery is combined with irradiation. If metastases to lymph nodes are identified, pelvic lymph node and/or inguinal lymph node dissection is necessary.

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女子尿道癌の2例

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症例1, 74歳. 初診, 1975年3月11日. 主訴, 外尿道口部の疼痛. 外尿道口部に外観尿道小阜を思わせるアズキ大の腫瘤を認めた. 電気切除された腫瘤は, 組織学的には adenocarcinoma であった. さらに尿道全周にわたり TUR, TUEC を行なった. 1979年7月他施設にて死亡した. 死因, その他は不明であった.

症例2, 63歳. 初診, 1980年5月14日. 主訴, 外尿

道口部の腫瘤. 尿道全摘術+膀胱瘻造設術を施行. 組織学的には squamous cell carcinoma であった. 術後, 下腹部と両ソケイ部に 4000 rad のコバルト照射を行なった. 1980年11月末現在, 再発, 転移の徴候は認めていない.

1975年より6年間に経験した2例の原発性尿道癌を, 若干の文献的考察を加えて報告した.

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